

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>		09/762,538-Conf. #5705	
	<b>Filing Date</b>		July 19, 2001	
	<b>First Named Inventor</b>		Josephine M. Egan	
	<b>Title</b>	DIFFERENTIATION OF NON-INSULIN PRODUCING CELLS INTO INSULIN, etc.		
	<b>Art Unit</b>			
	<b>Examiner Name</b>			
<b>Attorney Docket No.</b>		84475(47992)		

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.  
**OR**  
☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

46037

**OR**

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:  
**OR**  
☒ The address associated with Customer Number:

46037

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Peter F. Corless EDWARDS ANGELL PALMER & DODGE LLP
Address	P.O. Box 55874
City	Boston
State	MA
Zip	02205
Country	US
Telephone	(617) 239-0100
Email	pcorless@eapdlaw.com

I am the:

☐ Applicant/Inventor.  
**OR**  
☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_*

SIGNATURE of Applicant or Assignee of Record			
Signature	/Peter F. Corless/	Date	September 11, 2009
Name	Peter F. Corless	Telephone	(617) 517-5557
Title and Company	Attorney for Assignee		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>		09/762,538-Conf. #5705	
	<b>Filing Date</b>		July 19, 2001	
	<b>First Named Inventor</b>		Josephine M. Egan	
	<b>Title</b>	DIFFERENTIATION OF NON-INSULIN PRODUCING CELLS INTO INSULIN, etc.		
	<b>Art Unit</b>		N/A	
	<b>Examiner Name</b>		Not Yet Assigned	
<b>Attorney Docket No.</b>		84475(47992)		

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.  
**OR**  
☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

46037

**OR**

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:  
**OR**  
☐ The address associated with Customer Number:

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Peter F. Corless EDWARDS ANGELL PALMER & DODGE LLP
Address	P.O. Box 55874
City	Boston
State	MA
Zip	02205
Country	US
Telephone	(617) 239-0100
Email	

I am the:

☐ Applicant/Inventor.  
**OR**  
☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_*

SIGNATURE of Applicant or Assignee of Record			
Signature		Date	
Name		Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.